2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

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1. Entity Name
BALLINGER PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
20 TRAFALGAR SQUARE, SUITE 602 NASHUA, NH 03063	20 TRAFALGAR SQUARE, SUITE 602 NASHUA, NH 03063

DO NOT WRITE IN THIS SPACE

02162005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
02-0471650
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ABEL, ERIC D ESQ.
2450 N. CITRUS HILLS BLVD.
HERNANDO, FL 34442

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
N ME	TAMPOSI, SAMUEL A JR.
STREET DDRESS	20 TRAFALGAR SQUARE, SUITE 602
CITY-ST-ZIP	NASHUA, NH 03063
TITLE	MGR
N ME	TAMPOSI, STEPHEN A
STREET DDRESS	2450 N. CITRUS HILLS BLVD.
CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	MEM
N ME	TAMPOSI, SHARON
STREET DDRESS	20 TRAFALGAR SQ., SUITE 602
CITY-ST-ZIP	NASHUA, NH 03063
TITLE	MEM
N ME	TAMPOSI, MICHAEL
STREET DDRESS	20 TRAFALGAR SQ., SUITE 602
CITY-ST-ZIP	NASHUA, NH 03063
TITLE	MEM
N ME	TAMPOSI, ELIZABETH
STREET DDRESS	20 TRAFALGAR SQ., SUITE 602
CITY-ST-ZIP	NASHUA, NH 03063
TITLE	MEM
N ME	TAMPOSI, NICHOLAS
STREET DDRESS	20 TRAFALGAR SQ., SUITE 602
CITY-ST-ZIP	NASHUA, NH 03063

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02/22/05-80017-007 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ Manager 02/16/05 (603)883-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Title — Date — Daytime Phone #